

RECORD OF CASH RECEIPTS

NO.

TO: Accounting Office

FROM

DATE

DATE
REC'D

NAME AND ADDRESS OF REMITTOR

PURPOSE

TYPE OF
REMIT-
TANCE

AMOUNT

Accounting Office Use Only

CASH

OTHER

DOLLARS

CTS

BILL NO.
OR OTHER
REFERENCE

APPROPRIATION OR
FUND SYMBOL
AND COST CODES
(Refunds Only)

RECEIPT OF FUNDS		
AMT.	DATE	SIGNATURE
		MAILROOM
		ACCOUNTING OFFICE

TOTAL
REMITTANCE



CERT. OF DEPOSIT NO.

DATED

DATE

SIGNATURE